

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09935058</div>		FILING DATE	
APPLICANT(S)									
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	3	↓	↓	↓	↓	↓		↓	↓
TOTAL DEP.	17	↓	↓	↓	↓	↓		↓	↓
TOTAL CLAIMS	20								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS